


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90267 008 ***150.00

0403978

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S95427

1. Corporation Name
EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, P.A.

Principal Place of Business P.O. BOX 15756 TAMPA FL 33684	Mailing Address P.O. BOX 15756 TAMPA FL 33684
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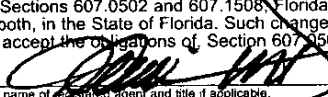


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3096659	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILSON, JAMES A %E.M.A. OF TAMPA BAY P.A. 4600 N. HABANA, SUITE 19 TAMPA FL 33614				10. Name and Address of New Registered Agent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	FL	85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: 2/18/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLUCCI, ERIC D.		1.2 NAME	CASTELLUCCI, ERIC D.	
STREET ADDRESS	8703 CYPRESS MILL COURT		1.3 STREET ADDRESS	4600 NORTH HABANA AVE., STE. 19	
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP	TAMPA, FL. 33614	
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, CYNTHIA		2.2 NAME	ELLIOTT, CYNTHIA	
STREET ADDRESS	321 HARBOR PASSAGE		2.3 STREET ADDRESS	4600 NORTH HABANA Ave., Ste. 19	
CITY-ST-ZIP	CLEARWATER FL 33556		2.4 CITY-ST-ZIP	TAMPA, FL. 33614	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDSTEN, WILFRED G.		3.2 NAME	IDSTEN, WILFRED G.	
STREET ADDRESS	101A E. DAVIS BLVD.		3.3 STREET ADDRESS	4600 NORTH HABANA AVE., STE. 19	
CITY-ST-ZIP	TAMPA FL 33556		3.4 CITY-ST-ZIP	TAMPA, FL. 33614	
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, RICHARD E.		4.2 NAME	LYON, RICHARD E.	
STREET ADDRESS	15311 LAKE MAURINE DRIVE		4.3 STREET ADDRESS	4600 NORTH HABANA AVE., STE. 19	
CITY-ST-ZIP	ODESSA FL 33556		4.4 CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	PIDALA, ANTHONY	
STREET ADDRESS			5.3 STREET ADDRESS	4600 NORTH HABANA AVE., STE. 19	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA, FL. 33614	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	TULSIK, DAVID	
STREET ADDRESS			6.3 STREET ADDRESS	4600 NORTH HABANA AVE., STE. 19	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAMPA, FL. 33614	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

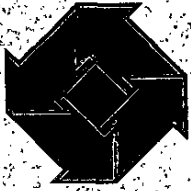
SIGNATURE:  DATE: 2/18/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, P.A.
ADDITIONAL OFFICERS AND DIRECTORS FOR 1999

211772-90267-8
595427



**Emergency
Medical
Associates**
of Tampa Bay, P.A.

TD
SAND, CHARLES
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

VD
ROBELLI, JAMES
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

VD
DAVIS, JAMES
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

VD
HERNANDEZ, DENNIS
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

VD
MURPHY, WENDY
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

*Laleh Bahar-Posey, M.D.
Eric D. Castellucci, M.D.
James M. Davis, M.D.
Cynthia Elliott, M.D.
Dennis A. Hernandez, M.D.
Wilfred G. Idsten, M.D.
Richard E. Lyon, M.D.
Wendy E. Murphy, M.D.
David A. Nicker, M.D.
Alex Perez, M.D.*

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NICKER, DAVID
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

*Anthony I. Pidala, Jr., M.D.
James P. Robelli, M.D.
I. Charles Sand, M.D.
David Tulsioak, M.D.
James A. Wilson, M.D.*

VD
PEREZ, ALEX
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

*Diplomates: American Board
of Emergency Medicine*

*Members of the American College
of Emergency Physicians*

VD
BAHAR-POSEY, LALEH
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614



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